## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

|   |  |   | SMALL ENTITY                       |                                    |                           | OTHER THAN                        |                |                    |                        |      |                     |                        |
|---|--|---|------------------------------------|------------------------------------|---------------------------|-----------------------------------|----------------|--------------------|------------------------|------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | (Column 1)                         |                                    | (Column 2)                |                                   |                | TYPE               |                        | OR   | SMALL               |                        |
| TOTAL CLAIMS  |  |   | 26                                 |                                    |                           |                                   |                | RATE               | FEE                    | ]    | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED                       |                                    | NUMBER EXTRA              |                                   |                | BASIC FEE          | 375.00                 | OR   | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 2 € minus 20=                      |                                    | • 6                       |                                   |                | X\$ 9≂             |                        | OR   | X\$18=              | 54                     |
| INDEPENDENT CLAIMS  |  |   | 2 minus 3 =                        |                                    | -0                        |                                   |                | X42=               |                        | OR   | X84=                | -                      |
| ML  | JLTIPLE DEPE                                   | NDENT CLAIM P                             | RESENT                             |                                    |                           |                                   |                | +140=              |                        | OR   | +280=               |                        |
| * if  | the difference                                 | in column 1 is                            | less than zero, enter              |                                    | "0" in column 2           |                                   |                | TOTAL              |                        | OR   | TOTAL               | 429                    |
|   | ////////CLAIMS AS AMENDED - PART II            |   |                                    |                                    |                           |                                   |                |                    |                        | •    | OTHER               | THAN                   |
| (Column 1)  |  |   | (Column                            |                                    |                           | (Column 3)                        | olumn 3) SMALL |                    | ENTITY                 | OR   | SMALL               |                        |
| <b>AMENDMENT A</b>  |  | REMAINING<br>AFTER<br>AMENDMENT           |                                    | NUME<br>PREVIO<br>PAID F           | BER                       | PRESENT<br>EXTRA                  |                | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 25                                      | Minus                              | -2                                 | 6                         | =                                 |                | X\$ 9≃             |                        | OR   | X\$18=              | ."                     |
|   | Independent                                    | * - MTATION OF MI                         | Minus                              | ***                                | 3                         | =/                                |                | X42≖               | 44                     | OR   | X84=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                    |                                    |                           |                                   |                |                    |                        | OR   | +280=               |                        |
|   |  |   |                                    |                                    |                           |                                   |                | TOTAL<br>ODIT, FEE | 44,00                  | 60   | TOTAL<br>ADDIT, FEE |                        |
|   |  | (Column 1)                                |                                    | (Colum                             | n 2)                      | (Column 3)                        |                | DUN. FCE           |                        |      | ADDN. FEET          |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGHE<br>NUMB<br>PREVIO<br>PAID F  | ER<br>USLY                | PRESENT<br>EXTRA                  |                | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                              | **                                 |                           | =                                 |                | X\$ 9=             |                        | OR   | X\$18=              |                        |
|   | Independent                                    | *   | Minús                              | ***                                |                           | =                                 |                | X42=               |                        | OR   | X84=                |                        |
|   | PINST PRESE                                    | NTATION OF ML                             | LITPLE DEF                         | ENDENT                             | CLAIM                     |                                   | <b>!</b>       | +140=              |                        |      | +280=               |                        |
|   |  |   |                                    |                                    |                           |                                   | Ĺ              | TOTAL              |                        | OR   | TOTAL               |                        |
|   |  |   |                                    |                                    |                           |                                   | A              | DDIT. FEE          |                        | OR,  | ADDIT. FEE          |                        |
| _   |  | (Column 1)<br>CLAIMS                      |                                    | (Colum                             |                           | (Column 3)                        |                |                    |                        |      |                     | 1                      |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                    | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>USLY                | PRESENT<br>EXTRA                  |                |                    | ADDI-<br>FEE           |      | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                              | **                                 |                           | a                                 | П              | X\$ 9=             |                        | OR   | X\$18=              |                        |
|   | Independent                                    | *   | Minus                              | ***                                |                           | =                                 |                | X42=               |                        | t    | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                    |                                    |                           |                                   |                |                    |                        | OR   |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                    |                                    |                           |                                   |                |                    |                        |      | +280=               |                        |
| ** !!   | the "Highest Nur                               | nber Previously Pal                       | d For IN THIS                      | SPACE is I                         | less than                 | 20. enter "20."                   | AD             | TOTAL<br>DIT, FEE  |                        | OR A | TOTAL<br>DDIT, FEE  |                        |
| 7   | rue riighest Nur<br>The "Highest Num           | mber Previously Pa<br>ber Previously Pald | id For IN THIS<br>I For" (Total or | SPACE is<br>Independen             | less than<br>it) is the ! | i 3, enter "3."<br>highest number |                |                    | opriate box            |      |                     |                        |